



Fixing Revenue Leakage in US Healthcare

Technology-Driven RCM That Converts Claims into Cash

VALIANT GLOBAL HEALTH

END-TO-END MEDICAL BILLING & RCM



Submission ≠ Revenue

The Reality of Revenue Cycle Today

20-30%

Claims require rework in most practices

5-10%

Denial rate industry average — and increasing across payers

AR > 60 Days

Silently killing cash flow across practices

Staff Bandwidth

Spent on tasks, not collections

⚠ Most practices don't have a billing problem. They have a collection problem.

What It's Really Costing You

The Cost of Inefficient RCM

The Hidden Loss

8–12% of revenue is lost annually due to poor follow-ups. Delayed reimbursements impact working capital, while high admin costs per claim compound the damage. Most practices lack visibility into denial root causes — making the problem impossible to fix.



Revenue Lost

8–12% annually from poor follow-ups and delayed reimbursements



Working Capital Hit

Delayed reimbursements strain operational budgets



High Admin Cost

Excessive cost per claim with no clear path to recovery



Blind Spots

Lack of visibility into denial root causes



Revenue leakage is operational — not clinical.



From Billing Vendor → Revenue Partner

Our Approach

We don't just process claims. We optimize revenue flow — turning a reactive billing function into a proactive revenue engine.



Accuracy First

Clean claims and first-pass acceptance — reducing rework before it starts



Aggressive Follow-ups

Every dollar tracked with disciplined daily AR management



Data Visibility

Actionable insights, not static reports — so you can act, not just observe

Full-Spectrum RCM Services

End-to-End Capabilities



Front-End

- Patient eligibility & benefits verification
- Prior authorization



Core Billing

- Medical coding (ICD-10 compliant)
- Charge entry
- Claims submission (electronic + paper)



Back-End

- AR follow-ups
- Denial management
- Payment posting



Control Layer

- Reporting & analytics
- Compliance (HIPAA)
- Quality audits

Why Practices Switch to Valiant

What Makes Us Different

99%+ Accuracy

Coding and billing accuracy that minimizes rework and denials from the start

Dedicated AR Teams

Not shared queues — your practice gets a team focused solely on your revenue

Daily Follow-Up Discipline

Consistent, structured outreach — not reactive, sporadic efforts

Denial Trend Analysis

Proactive identification of patterns, not just reactive fixes to individual claims

Process + Technology

Technology-driven workflows designed for cash realization, not just claim submission

✔ **We focus on cash realization, not just claim submission.**



Turning Around a Struggling Revenue Cycle

Case Study: Family Medicine Practice

Before

- High AR backlog with no clear recovery path
- Delayed reimbursements impacting operations
- Poor denial tracking — root causes unidentified
- Low visibility into overall financial performance

After Implementation

- Streamlined workflows from eligibility to payment
- Aggressive AR recovery with dedicated team
- Structured denial management with trend analysis
- Real-time reporting and full performance visibility

Real Outcomes That Matter

Measurable Impact



Faster Claim Turnaround

Significant reduction in claim processing time and AR aging over 60/90 days



Improved Collection Rate

Higher net collections driven by aggressive follow-up and denial prevention



Reduced Denial Rate

Fewer denials through clean-claim protocols and root-cause analysis



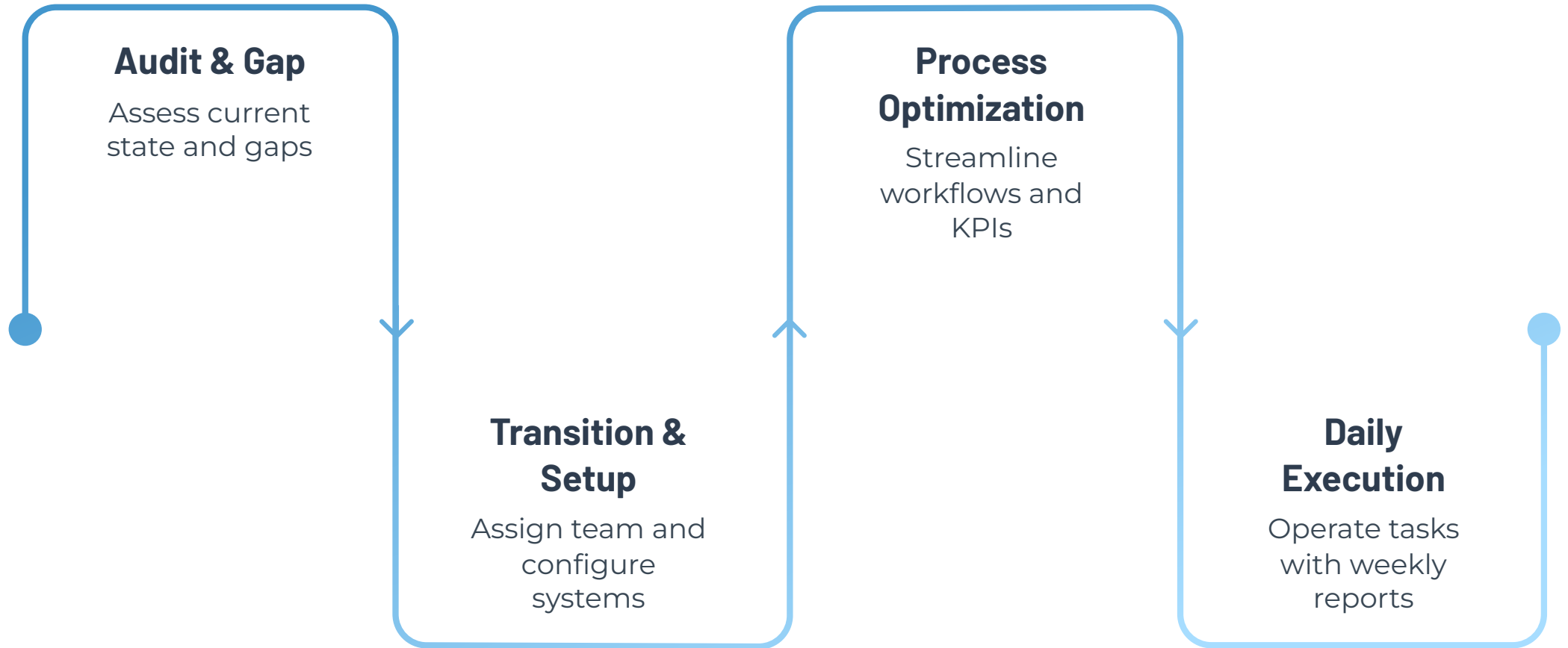
Cash Flow Predictability

Increased monthly revenue consistency and working capital stability

✔ **We don't improve processes. We improve revenue.**

Simple, Transparent, Scalable

How We Work



Our four-phase engagement model ensures a smooth transition and continuous improvement — from initial audit through daily execution and weekly performance reporting.

Engagement Model

- **Dedicated team** assigned to your practice
- **Transparent KPIs** tracked and reported weekly
- **Continuous optimization** based on real-time data

What You Can Expect

From day one, you'll have full visibility into your revenue cycle performance. Our dedicated team executes daily — following up on AR, managing denials, and ensuring clean claims flow — while you focus on patient care.

